



MEDICAL TIMELINE SUMMARY

DATE TIME	COMMENTS	MEDICAL VISIT	PROCEDURES/IMAGING	SOURCE
04/27/2020	C/O: slipped on wet floor, fell on left side with 2 officers present. No abrasions, redness or swelling noted. Stated right knee hurts.			GMR 5/13, p. 329
02/04/2021	Self-reported fall; slight bruising above left eye			GMR 4/13, p. 447,452
04/28/2021	Presents with euthymic mood and congruent affect. Grooming and hygiene are adequate, occasionally has bowel accidents. Admits to hallucinations. Responds to questions with yes or no. Eye contact is adequate. Speech sometimes is slurred. Insight is absent, judgement and impulse control are fair. Mr. Givens functions minimally at RTU. Present friendly and agreeable, often displays apathy toward officers on the wing. Prognosis is poor with continued treatment.	Annual Psychosocial Re-assessment		GMR 5/13, p. 70
06/01/2021	Institutional aggression: indecent exposure, threatening bodily harm, attempting to commit any aggressive offense. Total # aggressive incidents: 5			GMR 5/13, p. 127
06/04/2021	Inmate denies attempting to assault officer			GMR 5/13, p. 401
06/07/2021	C/O: reports of having fallen, right knee swollen with bruising. Dizzy. B/P: 94/62 sitting B/P: 81/52 standing			GMR 5/13, p. 325
10/05/2021	ASSESSMENT: Mr. Givens is difficult to understand, has difficulty answering questions when asked, responds incongruently but can be redirected back to the subject matter and can respond. He states			GMR 5/13, p. 394



	<p>repeatedly that he is not going to touch anyone or talk about putting babies into nurses.</p> <p>SUBJECTIVE (condensed):</p> <p><i>Denies hearing voices</i></p> <p><i>I get visited my dad but he passed away, I get visited by his body, my sister broke into Farmers Miners bank in Rose Hill, she sure did</i></p> <p><i>I want to with a nurse, cause that's where Rhonda is. I can do it because she is my wife, she's speaking babies to me. (unable to describe Rhonda)</i></p> <p><i>I ain't touching anybody anyhow they been hitting me with my shoes. There's been some guards hitting me in my cell.</i></p>			
10/14/2021	<p>Institutional aggression: indecent exposure, threatening bodily harm, attempting to commit any aggressive offense.</p> <p>Total # aggressive incidents: 5</p>			GMR 5/13, p. 125
10/21/2021	<p>Institutional aggression: indecent exposure, threatening bodily harm, attempting to commit any aggressive offense.</p> <p>Total # aggressive incidents: 5</p>			GMR 5/13, p. 123,124
10/26/2021	<p>Presents today shivering/dizzy.</p> <p>Medical – rectal temperature 89 degrees. Oral temp unable to be read.</p> <p>ASSESSMENT:</p> <p>Delirium d/t Hypothermia; I.D. mild-moderate; ASPD; Psychotic d/o unspecified; seizure disorder; inflammatory bowel disease.</p> <p>Will send to SCCH ER for further evaluation</p>	<p>Psychiatry</p> <p>Dr. A.H. Horst, MD</p>		GMR 5/13, p. 314, 356
10/27/2021	<p>ER report reviewed</p> <p>Initial lactate level 7.4; repeat level 0.9</p>			GMR 5/13, p. 355



	Temperature upon arrival 89.5 Treated Discharged from ER @ 03:00			
11/24/2021	Staff c/o of inmate acting funny – lethargic. Onset: Yesterday evening, no meds. Staff reports up in am walking with walker, ate breakfast and will take meds. Will continue to monitor.			GMR 5/13, p. 348
12/01/2021 - 12/08/2021	Updates from SCCH: Inmate admitted to room, BP unstable, no interventions at this time. Nursing supervisor SCCH: 12/2/21- called regarding code status due to inmate's declining medical condition. Returned from SCCH – 12/8/21	SCCH		GMR 5/13, p. 380,382
12/02/2021	DDNR put in place [Durable Do Not Resuscitate order]			903/377 SIU rpt. P 7
12/17/2021	Offender Givens has had a number of health challenges in the past year. He has been transported to the ER on a number of occasions d/t declining health to include respiratory problems, mobility issues, low body temperature and lack of recognition or response to external stimuli. Continued to deteriorate both with ADL's and cognition. He has vacillated from being non-responsive to responding with verbal aggression/threats reacting to challenges or interventions. Prognosis is poor.	Annual Psychosocial Re-assessment		GMR 5/13, p. 68
01/04/2022	HPI: intermittent dysarthria, intermittent agitation, change in behavior. Recent hospitalizations for hypothermia, respiratory failure and recent COVID	Smyth County Community Hospital	1/6/2022 CT Head: No acute intracranial abnormality	GMR 5/13, p. 294,296
01/25/2022	ASSESSMENT: Neurocognitive disorder, Major (developed as a result of multiple medical problems over the last 2	Psychiatry Dr. A.H. Horst, MD		GMR 5/13, p. 311



	years); I.D. mild, ASPD; Psychotic d/o unspecified; seizure disorder/ inflammatory bowel disease.			
02/04/2022	<p>Some clinically significant symptoms of thought or mood disorder or other signs of mental disorder observed.</p> <p>Officers denied safety concerns. No behavior reports or infractions noted. Medication compliant. Appears to have difficulty concentrating. Hygiene/self-care poor. Assistance and encouragement is needed to address hygiene matters.</p>	Mental Health Monitoring Report		GMR 5/13, p. 139
02/04/2022	<p>Orders:</p> <p>Folate increase 1 qd x 1 yr</p> <p>Ensure 1 BID</p> <p>Check temp once daily</p> <p>Make sure he is wearing thermal socks, shoes</p> <p>Passive ROM right hand qd</p> <p>Monitor for incontinence q 4 hours while awake</p> <p>Skin checks, once weekly</p> <p>Gatorade 8 oz BID</p>	Progress Notes		GMR 5/13, p. 335
02/05/2022 09:36	<p>C: called to wing</p> <p>O: CO's called pharmacy to ask nurse to come and check on inmate "that was not acting right". This nurse and nurse Hale (?) gathered VS equipment to take to wing to assess inmate. Upon entering inmate cell, inmate lying on his bed in his boxers with feet hanging off of side of bed & eyes rolled back in head. Unresponsive to nurse and CO was performing a sternum rub. Nurse felt for carotid pulse and looked and listened for signs of breathing. None detected. Obtained stethoscope and listen to heart sounds and none heard, no carotid pulses Nurse Hale confirmed inmate is a DNR. Security staff present and informed. EMS called by security.</p>	Marion Correctional		GMR 5/13, p. 303



	Called Dr. Lard and informed of above. Nurse Hale called Net-Ford (?) and informed. I: complete paperwork, gave to EMS.			
02/07/2022	Inmate found in cell on 2/5/2022, unresponsive, pulseless, not breathing. Nurse notified on call provider. EMS called for transport to local ER where he was pronounced dead @ 10:25. Inmate was DNR. Recent hospitalization for hypothermia, AMS, respiratory distress, aspiration pneumonia, + COVID treated with <i>Remdesivir</i> . Bi pap. Hospitalized from 12/01/2022-12/08/2022. Discharged on: <i>Augmentin</i> <i>Decadron</i> <i>Mucinex</i> Blood draw; 01/05/2022 [CBC, CMP, TSH] WNL Co-morbidities: Psychotic d/o, Major neurocognitive d/o. Mild ID, Seizure d/o, Crohn's, Chronic DVT RLE, HTN, CHF, Greenfield filter. MEDICATIONS: <i>Depakote</i> <i>Elavil</i> <i>Seroquel</i> <i>Lovenox</i> <i>Vit D</i> <i>Keppra</i> <i>Lialda</i> <i>Prilosec</i> <i>Flomax</i> <i>Levothyroxine</i>			GMR 5/13, p 334

The medical timeline shows a repeated pattern of Mr. Givens' inability to care for himself. Mr. Givens was also noted to be on a downward cognitive decline over the past several months prior to his death. Mr. Givens had presented with sepsis, and on several occasions, it was noted that he had low blood pressures with systolics in the 80s. He had required vasopressors in his past admissions. Mr. Givens also had a history of seizures and was taking Keppra and Depakote (anti-